Effective October 1, 2003 197663													
1	97	CLAIMS AS	FILED - (Column		•			SMALL ENTITY		OR	OTHER THAN		
TC	TAL CLAIMS		,				[	RATE	=	FEE	1	RATE	FEE
FO	R PCC	·	NUMBER FILED		NUMBER EXTRA			BASIC F	ΈE	385.00	OR	BASIC FEE	790.00
TO	TAL CHARGEA	ABLE CLAIMS	minus 23		. 0			X\$ 9:	_		OR	X\$18=	
IND	EPENDENT CL	_AIMS	2 minus 3 =		. 2			X43=		<del></del>	1	X86=	
		IDENT CLAIM PR	RESENT								OR		
(1)	349#	23	in c	column 2	'	+145			OR	+290=	100 06		
If the difference in column 1 is less than zero enter 0 in column 2								TOTA	r [	•	OR	TOTAL	79000
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE:
	Total		Minus	**		=		X\$ 0=			OR	X\$36=	
	Independent		Minus	***	•	=	1 [	LAS-	-		OR	X06=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		]	+145=			OR	+290=	
(Column 1) (Column 2) (Column 3)									AL EE		OB	TOTAL ADDIT, FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT -EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	4	Minus	44	•	=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	1 [	X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>」</b> [	+145=			OR	+290=	
					•		A	TOTA ODIT. FE	E		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)	1 <sub>-</sub>				. 1		4554
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER .	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	91A		z		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	<u> </u>	X43=	+		OR	X86=	
۹.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+			.200-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE											OR	+290= TOTAL	
***	II the "Hinhed Nu	mber Previously Pa Imber Previously Pa Inber Previously Pai	id For IN THI	S SPACE IS	s less tha	n 3, enter 13.		DOIT. FE			. ,	ADDIT. FEE I	

Application or Docket Number